



MIKE BEEBE
ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL
323 CENTER STREET, Suite 200
LITTLE ROCK, AR 72201-2610 (501) 682-6150

CHARITABLE ORGANIZATION - COMMERCIAL CO-VENTURER AGREEMENT

Ark. Code Ann. § 4-28-401 *et seq.* requires that every charitable organization that agrees to a sales promotion conducted on its behalf must obtain a written agreement from the commercial co-venturer. Each agreement must contain the terms set forth in the check list below. The charitable organization is required by Arkansas law to file a copy of the agreement with the Attorney General prior to the commencement of the charitable sales promotion within this state. The agreement must be signed by an authorized representative of the charitable organization and by the commercial co-venturer.

CHECK LIST

- ☐ A. A description of the goods or services to be offered to the public;
- ☐ B. The geographic area and the starting-and-completion dates of the offering;
- ☐ C. A provision for an accounting on a per unit basis to be given by the commercial co-venturer to the charitable organization and the date on which it is to be made;
- ☐ D. The date when, and the manner in which, the benefit is to be conferred on the charitable organization;
- ☐ E. A final accounting for each charitable sales promotion, maintained for three (3) years after the accounting date and available to the Attorney General upon reasonable request.
- ☐ F. A disclosure in each advertisement for the charitable sales promotion of the amount per unit of goods or services purchased or used that is to benefit the charitable organization or purpose. The amount may be expressed as a dollar amount or as a percentage of the value of the goods or services purchased or used.



MIKE BEEBE
ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL
323 CENTER STREET, Suite 200
LITTLE ROCK, AR 72201-2610 (501) 682-6150

Commercial Co-venturer
Synopsis of Contract Terms

Name of Charitable Organization

Commercial Co-Venturer

Street Address

Street Address

City State Zip

City State Zip

Start Date: _____

End Date: _____

Date Charity to Receive Money: _____

Date of Final Accounting: _____

Description of Goods or Services Sold: _____

Geographical Area: _____

Amount per Unit: _____

Percent per Unit: _____

I swear and/or affirm, under penalty of law, that the representations made in this application are true and accurate.

By: _____
Signature

Title

Printed Signature

Date